

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL****FOR FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$2,950.00)

Complete if Known

Application Number 10/023,337

Filing Date December 17, 2001

First Named Inventor Todd J. Vision

Examiner Name J.A. Goldberg

Art Unit 1634

Attorney Docket No. 19603/4040 (CRF D-2630)

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.**FEE CALCULATION****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

## FILING FEES

## SEARCH FEES

## EXAMINATION FEES

Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

42      - 42 or HP = 0      x      =      **Fee (\$)**      **Fee Paid (\$)**

HP =- highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

2      - 3 or HP = 0      x      =

HP =- highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number)      x      =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)      **Fees Paid (\$)**

Other: RCE Fee Under 37 CFR § 1.17(e) (\$790.00) and Five-Month Extension of Time Fee Under 37 CFR §§ 1.136 and 1.17 (\$2,160.00)      \$2,950.00

**SUBMITTED BY**

Signature

Registration No. 48,145  
(Attorney/Agent)

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Name (Print/Type)

Andrew K. Gonsalves

Date

August 24, 2005

**CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 24, 2005

Signature:

Jo Ann Whalen

Name:

Jo Ann Whalen

SEND TO: Commissioner for Patents  
P.O. Box 1450  
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